

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
HCUP / MEPS Data Users' Workshop
Three-Day Computer Hands-On
AHRQ Conference Center
September 6-8, 2006

REGISTRATION FORM
Please Print

Name: _____
Formal— Last, First, MI including degrees: (for printed participants list)

Title: _____

Affiliation: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ FAX: _____

Internet E-mail Address: _____

Please indicate any special requirements (e.g., accommodation for impaired mobility, sign interpreter):

Registration:

Registrations will be accepted on a first come, first served basis with a maximum of 40 participants. The Registration Fee is **\$75 for the three-day hands-on computer lab**. In order to attend the hands-on computer lab, participants must attend the lecture on day one. Payment must be in the form of a credit card or check. If your payment is by check, please make payable to Social Scientific Systems and send to the attention of Diana Brown. Your check must be received before you are considered a participant and officially registered for the workshop. Company checks should reference the HCUP / MEPS Workshop and workshop dates, and include the registrant name. Acceptance notification will be via e-mail. No refund will be made after **August 24, 2006**.

PLEASE CHECK ONE:

I have included a personal check or money order _____

I have provided information for credit card payment _____

CREDIT CARD COMPANY: _____ AMOUNT CHARGED: \$ _____
(Visa, MasterCard ONLY)

CREDIT CARD NUMBER: _____ EXP. DATE: _____

NAME PRINTED (as it appears on credit card): _____

BILLING ADDRESS: _____

SIGNATURE: _____

Please mail or fax this form for receipt by **August 21, 2006** to:

Diana Brown
Social and Scientific Systems
8757 Georgia Ave. 12th floor
Silver Spring, MD, 20910
Phone: 301-628-3118
FAX: 301-628-3101, E-mail: dbrown@s-3.com

Name: _____

(Three-day MEPS-HC/HCUP Hands-on Workshop, continued)

We want to accommodate the needs of everyone, so it would be helpful if you could provide the following information to assist in planning the workshop:

1. Indicate your preference for days 2 and 3 (September 7-8) of the workshop
September 7 - HCUP _____ or MEPS _____
September 8 - HCUP _____ or MEPS _____
No preference _____
2. SAS is the only statistical package available at the workshop. Please indicate your level of proficiency using that statistical software:
 - SAS User: Expert: _____ Intermediate: _____ Beginner: _____
3. Please indicate your level of proficiency using HCUP data:
Advanced User: _____ Intermediate User (Some HCUP data experience): _____ Beginner (No HCUP data experience): _____
4. Please indicate your level of proficiency using MEPS-HC data:
Advanced User: _____ Intermediate User (Some MEPS data experience): _____ Beginner (No MEPS data experience): _____
5. We want to have the appropriate staff available for your questions. Please describe, in some detail, your analytic interests in using MEPS / HCUP data:

6. For our information purposes, please indicate if you can use other statistical software (Specify): _____
